

FOR IMPACTS IN SOCIAL HEALTH - FIS



ANNUAL REPORT - 2017

AIDS EFFICIENCY – DEMANDE CREATION – UNIVERSAL HEALTH COVERAGE

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ABREVIATIONS

ANC: Anti Natal Clinic
CBCHS: Cameroon Baptist conversion health service
CBO: Community Base Organization
CCM: Country-Coordinating Mechanism
CN: Concept Note
CS: Civil Society
CSO: civils society organization
CHW: Community Health Worker
DHIS: District health information system
FIS: For impact in social heath
GIZ: Gesellschaft fur Internationale Zusammenarbeit
GHS: Global Health Strategy
HFA: Health for All
ICASA: international conference on AIDS and Sexually Transmitted Infections
ML: Maman Lumiere
NECC: National Episcopal Conference of Cameroon
NFM: New Funding Model
NTP: National Tuberculosis Program
PACF: positive action for children funds
PATA: Pediatric Aids Treatment for Africa
PMTC: Preventing Mother to Child Transmission
SRH: Sexual reproductive health
SYMEC: Syndicate of medical Doctors of Cameroon.
UHC: Universal Health Coverage

2017 HIGHLIGHTS

January: Participation to the annual precision meeting focused on the methodology of annual report's presentation of CSO organized by the regional delegation of public health.



February: Evaluation of the PACF Phase I project by the CBCHS. This joint evaluation enabled us to evaluate the project indicators through the analysis of data from health facilities at the Lolodorf health area. By at the end of the first year of the project, we observed a clear evolution of health district indicators. The prevalence rate among pregnant women increased from 14.23 to 10.9%, immunization coverage increased from 23% to 71%, attendance increased from 40% to 95% with district health coverage from 45 to 95%. The evaluation also identified some shortcomings observed in the implementation of the project, to identify some opportunities, and to make major recommendations for the next phase, in order to improve our intervention strategies.



March 2017: Evaluation meeting of the activities implemented by Core group members in the first quarter of 2017, to strengthen the global response of tuberculosis communities in Cameroon.



April 2017: FIS participated in the organization of the multi-stakeholder consultation of Civil Society to develop a joint roadmap on the main priorities to be highlighted during the Country Dialogue. The meeting brought together all the key actors in the community response.



May 2017: Orientation Workshop of the "Group of Experts" of the Civil Society: This workshop brought together 12 expert, to support the participation of the CS at the key stages of the National Dialogue. Its main objective was to make a first analysis of the landscape of the fight against the disease, to take into account the needs of the communities including that of the key and vulnerable populations in the requests for financing to be submitted to Global Fund for the 2018 -2020 allocation period.



June 2017: Organizational and Technical Capacity Building Workshop of 14 CBOs of Lolodorf Health District: This Activity brought together about 40 participants including the administrative authorities of the Rural Council of Bipindi. It aimed to equip them with the basics of SRH and communication strategies to involve them in community mobilization activities. This resulted in contracting with 13 CBOs for the promotion of RH and services in communities in the Lolodorf Health District.



July 2017: A workshop on the review of the first draft of the Concept Note organized by FIS from 25 to 26 July: it aims to better prepare the actors of civil society for the upcoming Concept Note elaboration Committee workshops. It brought together thirty members. The overall objective was to strengthen the contribution of civil society in the development of the concept Note TB / HIV.



August 2017: A workshop on the review of the 2 Draft on TB / HIV Concept Note. Organized by FIS and CAMNAFAW, it aimed to analyze the conformity of the TB/HIV Concept note draft with the GF guidelines and to formulate proposals for improving the quality of the same Concept note.



September 2017: We participated in a countries data collection process on the involvement of Supreme Audit Institutions in Global Fund grants and the flow of data between Global Fund recipients. (Kenya, Rwanda and Tanzania). The study explored:

- Low demand and use of quality data, especially sub-national level data
- Limitations of the methods used by the Fund to evaluate the performance of grants
- Limited involvement of national audit offices in the supervision of subsidies



October 2017: Participation of FIS Cameroon at the PATA Continental Summit, 23-25 October 2017 in Johannesburg, South Africa. Under the theme: "Find, Treat and care for Children and Adolescents Living with HIV"



November 2017: Evaluation of community activities conducted by CBO funded by FIS in the Lolodorf Health District from November 20th to December 4th, 2017. This activity allowed us to take into account the challenges that persist in the field and to develop rapid strategies to improve the quality of community activities.



December 2017:

- Celebration of the World Day of Universal Health Coverage by the FIS in its headquarters. The objective was to present to the journalists and people our different activities and main realizations, as a prelude to the day of December 12. We also discussed with Media the issue of Universal Health Coverage in Cameroon, insisting on the urgency of its integral implementation



- Thanks to the financial support of BACKUP Health, a global program implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), FIS was able to participate in the international conference on AIDS and Sexually Transmitted Infections in Ivory Coast (ICASA). This is part of the "Community Observatory" project on the Communities' response to the disease in the context of the NFM TB / HIV / Malaria. This conference highlights the diverse nature of the HIV epidemic in Africa with a view to providing better response to it.



- Participation of FIS Cameroon at the round table held from 14 to 15 December 2017 in Kigali, Rwanda. The main objective of this meeting was to share the experiences of national partners, OIG and the Global Fund Secretariat in the participation of Supreme Audit Institutions in monitoring Global Fund grants, developing a collaborative framework between CCMs, PRs and national audit offices.



SUPREME AUDIT INSTITUTION ROUND TABLE WORKSHOP
AT UBUMWE GRAND HOTEL 14TH-15TH Dec 2017
KIGALI-RWANDA

INTRODUCTION

For Social Health Impacts is pleased to present his annually report to the National Health Authorities, financial partners and to the general public, its effective contribution to the improvement of health indicators in Cameroon. For more than 20 years, we have been working to "positively impact the health of mothers, children and adolescents" in line with our 2016-2020 Strategic Plan; this by proposing innovative approaches to health policies. In this context, we have ensured that our interventions are aligned with national health guidelines, particularly the Health Sector Strategy 2016-2027.

The end of 2017 has allowed us to further strengthen our national foundation through our hard work in complementarity with public services; taking into account the basic needs of the disadvantaged populations. From our active participation to the country dialogue for the 2018-2020 funding cycle to the UHC emergency campaign and the improvement of SRH outcomes and facilitation of the use of PMTCT services, our participation remains without contestation. The year 2017 has undoubtedly been a pivotal year for our Organization, with the mobilization of all our dynamic, passionate and motivated staff.

This commitment, which at the same time echoes internationally, calls for even greater responsibility. Much has certainly been done, but much still need to be done in line with our organizational ambitions. We are aware of this and are willing to work even harder to significantly improve access conditions for the most vulnerable and weakest to health care.

EXECUTIVE SUMMARY

The year 2017 was full of actions and concrete achievements that contributed to improve, the health of women, children and adolescents more specifically and that of the population as a whole. We have distinguished ourselves, as it has been the case for 20 years, with the weakest and most vulnerable people for equitable access to health care. This contribution is part of our 2016-2020 Strategic Plan focused on Aid Effectiveness, Demand Generation, Universal Health Coverage and Internal Governance.

❖ The Aid Effectiveness of Global Fund Grants in Cameroon:

Our Organization stood out by contributing effectively to the Country Dialogue as part of the submission of the concept notes on Malaria and TB / HIV, with the support of GIZ Back Up. In 2017, we implemented a set of activities among which, the realization of two studies, one on the " Gender and human rights " and the other on the analysis of the community system " in order to have updated data on the current challenges regarding the issues to be addressed in concept notes to submit to the Global Fund. Other innovative mechanisms, including a mapping of CHW / CBOs and Priority Districts, a Virtual Observatory consisting of a Free line (82 05) and an online application have strengthened Community participation to the Country Dialogue.

❖ Demand Creation

In this strategic area, we mainly focused our activities in the health district of Lolodorf (south region), with the implementation of two projects funded by PACF & Amplify Change. During the year we contributed in the improvement of SRH result, we equally facilitated the use of PMTCT services for women of childbearing age and pregnant women. Concretely, we had

- Engaged and involved health club's activities in schools to educate young people in school's environment.
 - Reduced obstacles related to self-medication,
 - reduced stigma and discrimination related to HIV through the involvement of local authorities (Charter of commitment);
- Technical capacity building in 13 health districts of the CBO on sexual health and reproductive health.

❖ Universal Health Coverage (UHC)

In 2017, FIS will significantly intensified its activities on the theme of UHC, through the implementation of "Future Health" campaign to accelerate the process of

implementation of UHC in Cameroon, so that everyone can access quality health services, without any risk of financial difficulties. So, in 2017, we:

- Joined the International Health Partnership UHC 2030;
- Produce and disseminate a video presenting the various obstacles encountered by populations to access health care;
- Launched an online petition via social networks and field visits organized in 02 regions (Central and South), to collect 782 signatures in tribute to the number of women per 100,000 who die each year while giving birth;
- Strengthened our collaboration with the Cameroon doctor's Syndicate, engaged in the CSU issues.

We were delighted that the Head of State gave reason to our campaign in his speech of 31 December 2017, by ordering the acceleration of the effectiveness of universal health coverage.

❖ Governance

In 2017, FIS has worked harder to get closer to international standards. So, we:

- Aligned our interventions according to national health directives (Health Sector Strategy 2016 - 2027) taking their essence from our 2016-2020 strategic plan.
- Ensured the functioning of all governance bodies of FIS.
- Conducted the external audit of our 2016 accounts.

At the end, the year 2017 was full in terms of contributing to the improvement of health indicators. We would like to thank all those close to far who have facilitated the achievement of our objectives, our Technical and Financial partners in particular (GIZ Backup, Amplify Change, PACF, Stop TB, AIDSPAN etc.), as well as all the actors and local officials, with the Ministry of Public Health in the lead.

Bertrand KAMPOER PFOUMINZHOUER, ED

KEY PROJECTS, ACTIVITIES AND ACHIEVEMENTS IN 2017

In 2017, FIS implemented 4 funded projects, of which 3 are still in progress and one ended before the end of the year. The 3 projects currently being implemented include:

1. "Community Conversation to Improve PMTCT Outcomes in the Lolodorf Health Zone", funded by the Action for Children Fund (ViiV-PACF).
2. We have the project "Community Conversations to Improve the Use of Sexual and Reproductive Health Services in the Lolodorf Health District, South Region", funded by Amplify Change.
3. We have a project on the Community Observatory on Community Response to Malaria, Tuberculosis and HIV as part of the new funding model (NFM) "funded by GIZ / Backup Santé.
4. "Strengthening the global TB response that engages and returns to communities in Cameroon," funded by the Stop TB Partnership's CFCS Round 7, was completed in October 2017.

Program partially funded, but in the process of being implemented: is that of Universal Health Coverage This program aims to Advocate for the full implementation of UHC in

Note: We also coordinated the PROVARESSC platform. PROVARESSC is a CSO platform for the promotion of vaccination and strengthening of the health system in Cameroon. Its goal is to engage meaningfully in the vaccination and health system strengthening processes in Cameroon. A platform that counts nearly 165 associations evaluated in the 10 regions of Cameroon.

❖ OUR ACHIEVEMENTS

In keeping with our vision, the results of these various projects are in line with the four pillars of our 2016-2020 strategic plan. These pillars are:

- Strategic Axis 1: AID EFFICIENCY
- Strategic Axis 2: REQUEST FOR CREATION
- Strategic Axis 3: UNIVERSAL HEALTH COVERAGE (CSU)
- Strategic Axis 4: INTERNAL AND SUSTAINABLE GOVERNANCE

Strategic Axis N ° 1: AID EFFECTIVENESS

"Increase community involvement in monitoring international assistance in the health sector in Cameroon »

Since June 2016, FIS has been implementing a project entitled "Community Observatory on the response of Communities to the disease under the NFM framework (Malaria, Tuberculosis / HIV) "This project aims at a better organized and coordinated community response to facilitate the strengthening of the health system in the TB, HIV and Malaria components of the NFM. This project was funded by BACKUP Health, a global program implemented by the Deutsche Gesellschaft für International Zusammenarbeit (GIZ) and mandated by the German Federal Ministry for Economic Cooperation and Development (BMZ) ", with the recommendation of the National coordinating mechanism Cameroon.

Thanks to this project, we actively participated and influenced all key steps of the Country Dialogue in developing the Concept Notes for the 2018-2020 funding cycle. Taking into account the needs of beneficiary populations and a better structuring of the community response were our main challenges.

Result 1: Orientation Workshop of the "Group of Experts" of Civil Society

After the call for applications and the selection of 12 experts to support the participation of the CS in the key stages of the NFM, on February 8 and 9th, we organized a workshop on the evolution of the Global Fund. The main Objective was to conduct an initial analysis on the disease control landscape to facilitate consideration of the needs of communities including key and vulnerable populations in funding applications for submission to the Global Fund for Disease Control. 2018-2020 allocation period. The following main results were recorded:

- Revised and updated national policies and strategies to control the disease;
- Participants' awareness of the need to strengthen the CS commitment to low consumption of services by targets;
- Solid documentation of the evidence collected by the CS to be relevant during the country dialogue (documented reports, process of taking into account the needs of key populations, report of the strategy, programming ...)
- Valorization and protection of human rights and gender equality;



Result 2: Multi-stakeholder consultation of civil society

In perspective to the TB / HIV submission in August 2017, civil society actors worked together to develop a joint roadmap and to agree on the main priorities to be taken into consideration during the Country Dialogue. From March 30 to 31, 2017, about thirty actors met at the National Episcopal Conference of Cameroon (NECC), accompanied by the representatives of TB / HIV programs and International Organizations. This was possible with the financial contribution of the following CSOs: ASAD, Positive Generation, Affirmative Action and FIS Cameroon. The following results were registered:

- All actors involved came back with a better understanding of the new Global Fund strategy;
- The main priorities to be highlighted during the country dialogue were identified by the participants;
- The strategy and modalities for the participation of all actors in the process of submission of the joint HIV / TB concept note, the lessons learned from the malaria control process were defined and the different responsibilities assigned;

A consensus CS roadmap has been developed for the process of submitting joint HIV / TB concept notes.



Result 3: Organization of Focus Groups with Rural Women, Rural Adolescents, Persons in Detention and Rural Health Workers

In accordance with the guidelines on the eligibility of funding applications, an inclusive and transparent process for drawing up the funding application was initiated by the CCM during the "Country Dialogue". And in accordance with the Roadmap of the Multi-Stakeholder Consultation of Civil Society of March 30 and 31, 2017 the present focus-

groups (04 in total) have been planned. Focus groups whose general objective was to promote the participation of communities from remote and hard-to-reach areas in identifying changes to the current Global Fund TB / HIV grants. Participants were free to comment on the seven (07) questions submitted for their analysis. In total, 55 people participated in the focus groups (28 in Bipindi, 14 in Lolodorf, and 13 in Yaoundé). The main recommendations were formulated:

- Decentralize the program in its management as in its application for an effective impact in the quality of the interventions of the global funds.
- Recruit medical staff and promote the community-based approach to TB and HIV programs.
- Build community health worker capacities on the 3 diseases HIV / TB / PALU.
- Build support groups for patients (income generating activities).
- Boost patient support groups especially in the fight against TB
- Establish a robust communication program on TB
- Strengthen the control mechanisms for free HIV and TB treatment.



Result 4: First drafting workshop of the TB/HIV concept note

During this workshop organized from 03 to 06 July 2017 in Kribi, FIS participated in this workshop, according to the expectations of the project entitled "Community observatory on the response of communities to the disease in the context of NFM (Malaria, Tuberculosis). HIV) The objective was to enrich CN with the evidences gathered by the many innovative mechanisms of the project (the 82 05, the link, the focus groups, etc.). The Principal Objective was for the different actors to write the first draft of the TB / HIV Concept Note to be submitted to the Global Fund. Here are the main results:

- A first Draft of the drafted request at the level and expectations of the country. After consolidation by the consultants, sent to the Global Fund no later than 10 July 2017 for comments.
- Taking into account a considerable number of community activities in all interventions.
- Organization of a re-viewing workshop of the 1st Draft by civil society actors (02 by FIS and a 3rd co-organized by FIS-ASAD-CAMNAFAW)



Result 5: Review workshop of Draft 1 of the TB / HIV Concept Note

In accordance with the Multi-Stakeholder Consultation of Civil Society, the Roadmap recommended workshops for proofreading Concept Note Drafts by civil society actors. It is in this context that we organized the proofreading workshop, the purpose of which is to review the Draft of the Concept Note in order to better prepare the actors of civil society for the next workshop of the redaction Committee (which was from July 29 to August 7, 2017).

The overall objective was to strengthen the contribution of civil society in the development of the TB / HIV concept note. The Following main results were recorded:

- Identification of 06 participants to represent the civil society in the writing committee of the Concept Notes;
- Advocacy for a community PR for TB and a community-based HIV PR;
- Harmonization of tools and strategies under Community directives (readability and capitalization of community interventions);
- Significantly improve the involvement of CSOs in the fight against TB;
- Taking into account gender and respect for the human right in all interventions.



Result 6: Rewiew Workshop for Draft 2 of the TB / HIV Concept Note

At the end of the re-viewing workshop of Draft 01 of the concept note in Yaounde on 25 and 26 July 2017, a team composed of 6 experts from the civil society, were selected for the second draft of the concept note workshop in KRIBI. The team was made up of Berthe YMELE YEMEFAK and Pierre BENG SANDING for Community TB, Philippe AVEZO'O and Dr. MBO'O Alain Charlie for the health system strengthening/ community health system strengthening, Rodrigue MBODA, Gender and Human Rights and Benoit BISSOHONG B., The overall objective was to strengthen the contribution of civil society in the development of this TB / HIV concept note. The following major results can be retained:

- Unanimity of the participants for the designation of a TB Community PR.
- Integration in the TB / HIV CN of the gaps in the health system strengthening/ community health system strengthening identified in project 01.
- Integration in the TB / HIV CN of the gaps related to the consideration of the TB in the draft code 01.
- Integration in the CN TB / HIV gaps related to the consideration of gender and human rights in the draft 01



Result 7: Re-reading workshop of Draft 2 of the Concept Note TB / HIV

On 08 August 2017, the team in charge of writing the Concept Note made available the draft N ° 2 of the country request with its annexes. According to the initiative provided by the "country dialogue" the reading of the project has to be done by the members and the experts of the Civil Society. It is in this context that we organized together with CAMNAFAW, a second proofreading workshop. The overall objective was to analyze the compliance of Draft 2 with the FM's guidance on the development of the funding request and to make proposals for improving the quality of the application. The main results were:

The main civil society actors present took the funding request and made proposals for improvement;

- A summary of the key gaps and annexes of the form was effective and is used immediately for the continuation of the national dialogue process.
- For two days, civil society actors made proposals to improve the demand for funding.
- A revised roadmap with communication and advocacy objectives towards the community and other constituencies, national programs, CCM. the document is still to be finalised by the government, its was writing on Saturday, August 26, 2017.



Great achievement of the project are:

1 The study on the Analysis of the Community System as part of the Response to HIV / AIDS, Malaria and Tuberculosis in Cameroon:

It was Commissioned to provide relevant background information on the

Community operational system in Cameroon as part of the response against 03 diseases. In addition, that will be used to make proposals for relevant interventions based on the evidence to be taken into account in the 2018 CNs in connection with the health system strengthening/ community health system strengthening.



2 Analysis of gender needs and human rights of women and sexually active minor on (HIV / TB and malaria): II

The aimed was to carry out a qualitative study taking into account not only the existing documentary review but also to evaluate if Gender and Human Rights were taken in to consideration. The study generated new evidence on the constraints of women and sexually active minor in accessing health services. This evidence has been presented as a basis for negotiation during the National Dialogue for the integration of cross-cutting aspects of Gender and Human Rights into NCs RSS modules. This is valid for HIV, TB and Malaria.

3 Set up a Virtual Observatory on Gender and Human Rights (Green Number and Internet System):

It can be Consulted at the link <http://app.fiscameroon.org/index.php/ap pels/information>.

This application allows to support vulnerable populations through a technology based on a green line (or No.



82 Green 05), allowing them to make free calls to transmit information on the problems they face. The application allows to record information from callers in a database that served as a source of exploitation and advocacy for consideration of the needs of beneficiaries. The data are disaggregated (region, gender, age, and problems) for better interpretation.





- 4 Consolidate a database (CHW, CBO, Health area) of priority sites: We have developed a Technology Application (database) listing CHWs, CBOs in priority sites (maternal and infant mortality) including key services provided and the

identified gaps. The database is available at <http://fis-cameroon.org/>. it provide information on:

- I Priority sites in Cameroon, related to maternal and infant mortality.
- Institutional provisions on community involvement (CHW, CBO, NGOs, decentralized local authorities, GIC, etc.)
- The main services provided by CHWs and CBOs Priorities of health facilities on the contribution of CHWs and CBOs by analyzing if, these needs are currently covered.

RESULTAT 8: "STRENGTHENING COMPREHENSIVE RESPONSE TO TUBERCULOSIS THAT ENGAGE AND ARE ACCOUNTABLE TO COMMUNITIES IN CAMEROON:

The community response in the fight against Tuberculosis in Cameroon is very inadequate. The reasons identified as the causes of this weakness are, among others: the non-visibility of CSOs' actions, the lack of collaboration between these same CSOs and the lack of collaboration with the national TB program. To compensate for the breach, the FIS has been implementing since 2016, with the financial support of Stop TB Partnership, a project entitled "STRENGTHENING COMPREHENSIVE RESPONSE TO TUBERCULOSIS THAT ENGAGE AND ARE ACCOUNTABLE TO COMMUNITIES IN CAMEROON"

It is in this context that the 2nd meeting of Core Group members at FIS Headquarters took place on behalf of 2017, on March 23rd. The overall objective was to evaluate and validate the activities implemented by the core group stated in the last three months and develop perspectives.



The following table also traces some activities organized in 2017 as part of this same project.

N°	ACTIVITES	DATE
1	Creation of a website	June
2	Celebration of International TB Day	March
3	Production of a Policy Brief every 03 months	August

Result 9 Round Table on the participation of Supreme Audit Institutions in Global Fund Grants

From June 3 to 11, 2017, we participated in a data collection process such as that of another 03 countries on the involvement of Supreme Audit Institutions in Global Fund grants and the flow of data between Global Fund recipients. (Kenya, Rwanda and Tanzania). The study explored :

- Low demand and use of quality data, especially sub-national data
- Limitations of the methods used by the Fund to evaluate the performance of grants
- Limited involvement of national audit offices in grant oversight

A preliminary study related to the role and involvement of "Supreme Audit Institutions" was presented to countries during a roundtable held from 14 to 15 December 2017 in Kigali, Rwanda. The Cameroonian delegation was represented by the principle recipient Coordinator, the Permanent Secretary of the NTP, the Technical Secretary of the CCM, a member of the private sector at the CCM, the Executive Director of Positive Generation and the Communication and Advocacy of the FIS Cameroon. The main objective was to share the experiences of national partner and the Global Fund Secretariat in the participation of Supreme Audit Institutions in monitoring Global Fund grants and developing a collaborative framework between CCMs, PRs and the Global Fund. National Audit Offices. On results and discussions, and agreed by the different partners



STRATEGIC AXIS N ° 2: DEMAND CREATION

"Increasing the use of basic health services for mothers and children"

In this second strategic Axis, two projects are being implemented to create demand in PMTCT and SSR services. These are the PACF and Amplify Change projects.

Since April 2015, the FIS has implemented the project entitled "Community Conversation to Improve PMTCT Outcomes in the Lolodorf Health Area" with financial support from PACF. In 2017, this project benefited from an extension to improve By 2019 from 58% to 90% the retention of women, children and men in the PMTCT services of the Lolodorf health area. The issue of retention of pregnant women in PMTCT services persists due to poor support from the male partner and many other factors.

In order to expand its scope, it was scaled up in June 2016 in the Lolodorf Health District thanks to the project "Community Conversation to Improve SRH Outcomes in the Lolodorf Health District" supported with the financial support of Amplify Change.

Thanks to these projects, we have contributed effectively to increasing the use of health services in the health area, but also throughout the health district of Lolodorf. Success that emerges from the favorable environment created around the use of health services in the said health district are.



Result 1: Improved supply and screening among 3567 women of reproductive age and men

In order to implement this activity, we occasionally organized an advocacy, lobbying and planning meeting with the health district. This meeting allowed us to decide on the terms of the voluntary screening campaign and targets to be touched. Dates and place of implementation of activities, people to be involved, different tools and budget to allocate. In this context we have planned to run health clubs in 04 secondary schools in the health area of Lolodorf.

This activity aims to Educate and inform young people about the importance of SRH in order to adopt more responsible behaviors in the community.



Specific result obtained:

Four (04) health clubs have been enrolled so as to increase the supply and demand for PMTCT / RH services by youth and women of child bearing age. The health clubs include

- Lolodorf High School,
- Lolodorf Technical High School,
- MbangoBulu secondary school
- Bikoka secondary school

This allowed to reach 161 young people in school through educational talks. 86 young people were referred to family planning services, which increased the use of SSR / PMTCT services by women of child bearing age. 86 young people used the primary RH services, 86 young people took their voluntary test and 65 used a modern method of contraception.

Result 2: Retention of 853 pregnant women in PMTCT services

To increase the retention of pregnant women in PMTCT services, FIS organized on the 18 and 19 October 2017 a recycling workshop on community management on HIV / PMTCT, to equip them with the basics of PMTCT / SRH and communication strategies for good outreach to community and school-based targets for PMTCT / SRH services. This training brought together 24 peer educators (Mamans Lumières) and 04 leaders of health clubs from MBango Boulou secondary school and Technical High School Iolodorf.

This workshop helped to strengthen the capacities of MLs and health clubs, for an active search for lost to follow up in the community. This also promotes good monitoring of targets at the community level. But also improve their quality of reporting for the capitalization of the indicators to be achieved

■ Specific results obtained:

Endowment of the two health facilities in the Lolodorf health area with of a convivial space:

To increase the number of users of PMTCT services by pregnant women and partners, the project has equipped two health facilities in Lolodorf with a space of conviviality among others:

- Renovation of the Lolodorf district hospital's hospitality room. This endowment has made it possible to buy a SAT channel decoder for the images. the purchase of the solar panels to give light to the conviviality room, the delivery room and the reception for the well-being of the patients, the purchase of a coffee maker.

- FIS also gave a delivery table at the Bibia health center by the Chairman of the Board and PCR Administration of FIS Cameroon. This gesture is highly praised by community members. This bed will improve the quality of service and reduce the rate of delivery at home



Organization of 10 community conversations per month with parents and partners.

This activity aims to encourage partners to use PMTCT services through the accompaniment of their spouse. And engage parents in monitoring and educating adolescents about SRH so that they adopt more responsible behaviors that are safe from STIs / HIV. As main result Thanks to the action of the MLs in the communities 56 community conversations were organized in the villages from November to December 2017. These activities have directly reached 1300 people on the PMTCT, and indirectly 700 people 14 partners were enlisted in PMTCT circuits.

Organization of 100 VAD / month

In order to retain pregnant women in the PMTCT circuit, MLs proceed by continuous monitoring of targets. To this end, 200 home visits were organized from November 2016 to December 2017. These home visits have increased the retention of women in the PMTCT circuit.

Specific results Obtained

40 pregnant women performed the 4 ANC, 77 deliveries were made in the Bibia and Lolodorf health facilities. immunization coverage rate for children aged 0 to 5, was increase from 71% in January 2016 to 120% in December 2017. This activity also helped to reduce the rate of new infections among children. 80 male partners did the ANC with their wives

Result 3: Provide quality care to 119 pregnant women / children / HIV + partners

we also promoted the best practices between staffs of all health facilities that is those who provide technical support to the ML and health clubs. This technical support is intended to involve health facility staff in monitoring and building the capacity of MLs and Health Clubs to improve the quality of their intervention. Healthcare staff affiliated with this technical support will participate in monthly ML and health club assessment meetings.

Specific result obtained

- Develop the work plan of the health staff involved in the process
- Involvement of 03 health workers in the follow-up of the objectives targeted by the MLs
- Participation of health staff in ML and health club monthly evaluation meetings on PMTCT / RH.

Result 4: The involvement of community motorcycle

Community motorcycling was initiated with the aim of reaching the most remote populations in advanced strategy so that they have access to health services. From November 2017 to December 2017 we were able to reach out to:

- 30 people in Community conversations
- 172 people during educational talks.
- 27 people during the homme visits.

During these activities we were able to reach out to 229 people directly and 64 people indirectly

- ❖ 30 advance strategies were made with the motorcycle
- ❖ 68 children were vaccinated with the advanced strategy in the villages
- ❖ 09 HIV + pregnant women loss of sight ere brought back to the circuit
- ❖ 03 partners were included in the PMTCT circuit

Result 5: Build the capacity of local groups to increase awareness and engage marginalized groups to seek SRH services as a human right.

The training workshop held on June 2, it had as a major objective to equip the CBOs in the community mobilization work around the use of SRH services. This workshop brought together community leaders, leaders of CBOs involved in the implementation of community activities, and administrative authorities of Bipindi District. This made it possible to contract with 13 CBOs and involve them in community outreach activities for SRH promotion, costs and services in the Lolodorf Health District. Their main activities include:

- ❖ To raise awareness and encourage people to use family planning services.
- ❖ Encourage pregnant women to do ANC and follow-up visits in the health facility after giving birth.
- ❖ To refer newborns to vaccination services.
- ❖ Sensitize women of child bearing age on the dangers of abortion.
- ❖ To promote RH costs and services in communities etc.



Specific results Obtained:

A table of contracted CBOs for the implementation of community mobilization activities

N°	Name and address of the CBO contracting with the FIS	Health area which CBO are attach to	Name of the person in charge of the CBO	Phone number
1	APEE de NKOUAMBPOER I	NKOUAMBPOER I	MASSABA VENANT	672 642 714
2	SUBIBABA de NGOYANG (Pygmées)		Mr NGALLY SADRACK	693 272 622
3	ELAD MEYONG d'ATOG BOGA	ATOG BOGA	Mme MIMBOE BOMBA Salomé	696 471 166
4	Sans Rival de MVENGUE III	MVENGUE CENTRE	KPAMA Benjamin	698 590 073
5	Comité de développement des villages EbomKaamKouInganga (CODEEKK)		ATEBA JEAN	694 890 199
6	Entre Nous Femmes de MINKAN		Mme ESSENGUE Epse OWONA Marie Thérèse	656 767 960
7	Essayons Voir de Bidjouka	BIPINDI	Mme NGALLY née Nguimba Marguerite	673 538 099
8	ASSOCIATION DES FILLES DE BIPINDI		Mme MESSILA Elisabeth	651 329 881
9	Réseau des Associations féminines de NDZON MINKAN(RESAFENMI)	AKOM BIKOE	Mme ABENE Helene	699 824 589
10	COSA de Ngovayang	NGOVAYANG	MABALLI Théophile	690 986 115
11	Mamans Lumières de l'AS de Lolodorf	LOLODORF	Mme Fatou BABA GOYO	677 524 662
12	Main dans la Main d'ELON	ELON	Mme MENGUE BOKALLY Cécile	690 302 942
13	COSA de MELONDO	MELONDO	NTSAMA SIMA Jean blaise	Pas de réseau

- Increasing the number of users of the SSPD services / information / products This activity allowed us to:

- ❖ To update the information on the number of users of RH services, thanks to the collaboration agreement established between the health district of Lolodorf and the FIS.
- ❖ Not only the health district was involved, but also all 9 health areas, in the collection and updating of data on the number of users of RH services. A total of 3,000 people used RH services in the health district of Lolodorf. The district also has RH services that are still difficult to access for the entire community.
- ❖ Identify the different types of accessible services / information / products of the SSPD. As existing services, we have: Oral Contraceptives combined COC oral pills, progestational pills -PSP (INJECTABLE), Implants (jabelle, implant, Norplant, IUD, male condom, female condom, etc. most of these services are not accessible for all communities due to the constraints they face Advocate for new services to be made available to marginalized groups This was done with the traditional authorities and responsible for the health facility
- ❖ Facilitate the use of SRH services. Thanks to the action of the CBOs on the sensitization and the mobilization of the communities we could organize, 301 educational talks in the communities which allowed
 - Oriented 2,840 women of reproductive age and pregnant women to PMTCT / RH services,
 - 657 children have received Vaccination services
 - 374 women of childbearing age and Pygmy pregnant women referred to PMTCT / RH services,
 - 79 HIV + women lost to follow-up and put back into care
 - 2,986 male, women of child bearing age, pregnant women and thier partners went for SRH service
 - 13,994 persons sensitized on the SSR

The commitment of administrative, traditional, community and religious leaders in favor of the SSPD

The advocacy carried out from July 1 to November 30, 2017 was conducted with traditional and religious leaders to present the merits of customary meetings in the fight against social and cultural barriers. These traditional leaders (village leaders) have organized 65 customary advocacy gatherings to engage partners in the effective use of SRH services by their spouses and support them in this process. 1,625 people were sensitized on this occasion. To motivate the holding of these meetings, travel expenses and refreshing were made available to these village chiefs for the organization of these activities. On the other hand, through the preaching of the men of churches, and the meetings organized by the village chiefs, a cumulative total of 9,045 people were sensitized on the SSR.

- ❖ The commitments of the three (03) sub-divisional officer and mayors of the commune of Mvengue, Bipindi, Lolodorf, were collected to ensure the applicability of the regulations in force in the health facility to the profile of the community.
- ❖ The commitments of traditional and religious leaders have been collected in order to fight against the existence of harmful practices in communities and the weight of tradition. as a result, 65 customary advocacy meetings were organized by village chiefs and notables, in order to encourage the ownership of partners for the effective use of SRH services by their spouses, and to accompany them in this process. approach. 1,625 people were sensitized on this occasion. The CBOs were able to personally attend 106 sermons of religious leaders on the theme of SRH for an estimated total number of about 7,420 people exposed to these messages.
- ❖ The commitments of the managers of the 09 health areas and the chief medical officer were collected in order to guarantee the quality and availability of services.

Result 6: Collect evidence to support communication, advocacy and change harmful social norms.

Now the aimed was to collect new evidence or major gaps in knowledge of the SSPD / attitudes / behaviors and using them for advocacy.

After the organization of community diagnoses in December 2016, the activity highlighted the causes and consequences of not using RH services. This allowed us to produce a strategic document to engage all stakeholders in setting up a community health system without discrimination. Engaging in the collection of commitments and signatures from key traditional leaders and administrative authorities to create a supportive environment around the use of RH services in the Lolodorf Health District.

Specific results obtained

- ❖ Production of a strategic document in 500 copies on the causes and consequences of non-use of SRH services in the health district of Lolodorf, including recommendations / solutions to address them. This document will serve as an advocacy tool throughout the implementation of the project.
- ❖ A community engagement chart in the form of a calendar was produced in 500 copies and distributed in the communities of the health district. This has encouraged communities to use RH services to the detriment of traditional medicine.

Result 7: Create a strong and inclusive dynamic for SRH through community conversations in 52 villages

To create this dynamic, we have implemented two major activities:

Sensitizing marginalized groups on the SSPD

After the identification of the 30 leaders of the marginalized groups in 2016, a Focus group was organized with these targets in the health area of Lolodorf. This focus group has enhanced their capacity to demand RH services as a right. The activity also allowed us to take into account the concerns of marginalized groups regarding access to health services.

Specific results obtained

- ❖ The production and dissemination of 3,000 displays on SRH in communities, to encourage the use of RH services.
- ❖ The organization of community conversations by CBOs has made available to communities' reliable information on the importance of RH services. This activity has increased the number of users of RH services including the marginalized groups (pygmies). 20 pygmies were touched occasionally, 10 were referred to RH services, 05 used family planning services, 10 FE (pygmies) referred and arrived at the FOSA for Prenatal Consultations
- ❖ Strengthen the technical and organizational capacities of 13 community-based organizations
- ❖ 13 tutorial plans were produced to provide technical support to CBOs in the implementation of community-based activities
- ❖ The organization of the OCAC assessments with 13 were conducted from November 21st to December 4th, 2017. These evaluations made it possible to highlight the shortcomings of these bodies which weaken their capitalization in the implementation of the community activities.

STRATEGIC AXE 3: UNIVERSAL HEALTH COVERAGE (CSU)

"Advocate for the full implementation of CSU in Cameroon"

In 2014, 37.5% of the population lived below the poverty line, according to the 4th Cameroonian household survey. Some major health indicators remain a concern. Indeed 782 women out of 100,000 die giving life. Globally, the maternal mortality ratio has fallen by almost 44% over the past 25 years, from about 385 maternal deaths per 100,000 live births in 1990 to 216 in 2015.

In its 2016 report, the National Observatory of Public Health estimates that the direct payments made by the households, represent 70,3% of the total expenses of health against 7,11% for the technical and financial partners, 5% by the State. Therefore, poor households continue to grow poorer by seeking health care.

Fortunately, the commitment made by the Head of State Paul BIYA on December 31, 2017 for the acceleration of Universal Health Coverage is likely to give hope to all these households. A solemn commitment that gives reason to the "Future Health" Campaign in favor of the emergency of the UHC process in Cameroon in view of the difficulties encountered by the populations. The following activities result from the Advocacy conducted in 2017 within the Strategic Axis No. 3 on Universal Health Coverage (UHC).

Result 1: Production of a video retracing the difficulties encountered by the population in the search for health care.

Lasting three minutes, this video presents practical cases of four families suffering atrociously for

lack of money. This is the case of Susanne, who hangs with her for years for lack of money a severe goiter. Alliance, after a surgical operation performed in the worst conditions, in addition to no longer being able to have children, had to liquidate all his property. Onenghi, after getting into enough debt for the care of his 6-year-old daughter, finally lost her. And Yvonne, after the death of her husband in the hospital for negligence, no longer manages to educate her children.



The video also reviews the commitment made by the Head of State on November 11, 2011 during his swearing on the will of a health insurance system. And present the benefits that would have had all these families if a system of Universal Health Coverage existed in Cameroon.

Result 2: Launch of a petition on social networks for the collection of 782 signatures in tribute to the number of women per 100,000 who die giving birth.

It follows the production of the video retracing the difficulties faced by populations in the search for health care online on November 1, 2017. It has collected about 1000 signatures and nearly 200 opinions and messages. The craze of Internet users was obvious.



Result 3: Involvement of VIPs in the Future Health Campaign to amplify the message.

To further strengthen the scope of the Future Health Campaign, many personalities will get involved. This will have a positive impact on the petition. This is the case of the journalist Jean Jacques ZE, comedian Moustik, Sociologist Claude ABE and many others. An initiative that will be appreciated by many Internet users



The amplification of the Future Health Campaign was also accompanied by a strengthening of the Communication to increase the interest of the public and the Government. An operation that was accompanied by the involvement of the Syndicate of medical Doctors of Cameroon (SYMEC).



Result 5: Press Conference on December 12 on universal HEALTH FOF ALL Day

December 12, 2017 marked the celebration of Universal Health Coverage Day. A celebration that was held at the FIS headquarters, holding a press conference, main milestone of the " Campaign Future Health ", supported by Global Health Strategy (GHS). The objective of this Conference was to "discuss with Medias the issues of Universal Health Coverage in Cameroon, emphasizing the emergency of its full implementation". Twenty journalists from the national media present were edified on the issues of the HFA and sensitize in return the public opinion, the public authorities in particular on the need to accelerate the process.



PARTICIPATION IN WORKSHOPS / CONFERENCES AT THE LEVEL national and international

National Workshop

1. Awareness-raising workshop for NGO leaders and institutions working on the theme of key populations

Affirmative Action in the framework of the project "Partnership for Human Rights, Integration Diversity and Equality" organized 20 December 2017, a workshop to sensitize leaders of NGOs and other national institutions working on the theme of key populations for taking FSPs and transgender into account in their strategic planning. The overall objective of the activity was to raise awareness of the need for transgender people and lesbians to be included in Human Rights / HIV policy documents, programs and interventions.



International Workshops

1. 19th ICASA edition

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA), is a major biennial and alternating meeting between French and English-speaking African countries. This Conference is the first gathering of all those working in the field of HIV / AIDS, leaders, people living with HIV and all other actors committed to ending the epidemic.



It is in this context that from the 4th to the 9th of December 2017 was held in Abidjan in Ivory Coast (Sofitel Hotel), the 19th edition of ICASA under the theme: "Africa: a different approach towards the end of AIDS "For Impacts in Social Health - FIS was represented by Benoit BISSOHONG B. Communication and Advocacy Officer. This is thanks to the financial support of BACKUP Health, a global program implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and mandated by the German Federal Ministry for Economic Cooperation and Development (BMZ) This is part of the "Community Observatory" project on the Communities' response to the disease under the NFM TB / HIV / MALARIA.

2. Round Table on the Participation of Supreme Audit Institutions in Global Fund grants

From June 3 to 11, 2017, we participated in a data collection process such as that of another 03 countries on the involvement of Supreme Audit Institutions in Global Fund grants and the flow of data between Global Fund recipients. (Kenya, Rwanda and Tanzania). The study explored:

- 1 Low demand and use of quality data, especially sub-national data
- 2 Limitations of the methods used by the Fund to evaluate the performance of grants
- 3 Limited involvement of national audit offices in subsidy oversight

A preliminary study related to the role and involvement of "Supreme Audit Institutions" was presented to countries during a roundtable held from 14 to 15 December 2017 in Kigali, Rwanda. The Cameroonian delegation was represented by the PR Coordinator, the Permanent Secretary of the NTP, the Technical Secretary of the CCM, a member of the private sector at the CCM, the Executive Director of Positive Generation and the Communication and Advocacy of the FIS Cameroon. The main objective was to share the experiences of national partners, OIG and the Global Fund Secretariat in the participation of Supreme Audit Institutions in monitoring Global Fund grants and developing a collaborative framework between CCMs, PRs and country offices. audit. On results and discussions, and agreed by the different partners.



SUPREME AUDIT INSTITUTION ROUND TABLE WORKSHOP
AT UBUMWE GRAND HOTEL 14TH-15TH Dec 2017
KIGALI-RWANDA

3. PATA Continental Summit

For the year 2017, For Impacts in Social Health was present at the PATA Continental Summit, represented by Mr Anicet DIGUI, Supervisor of the PACF project. The theme of the conference was "Find, Treat and Care for Children with Adolescents Living with HIV" from 23-25 October 2017 in Johannesburg, South Africa.



FIS CONTRIBUTION TO THE 2016-2027 HEALTH SECTORAL STRATEGY PLAN THROUGH ITS INTERVENTION IN 2017

Pillar 1: Health promotion

Pillar 2: Disease prevention

General objective of the strategy	"Contribution to the development of a healthy, productive and sustainable human capital that is strong, inclusive and sustainable"		
The components main problem	The incidence and prevalence of preventable diseases is high in Cameroon.		
The strategic objective of the components	"To reduce premature mortality by preventing - preventable diseases"		
Specific objectives	Tracer indicators	FIS'S contribution 2017	source of verification
By 2027, reduce the incidence / prevalence of major communicable diseases (HIV, malaria and tuberculosis) by at least 30% and eliminate some Tropical Negligible Diseases "TNDs" (lymphatic filariasis and HAT	HIV prevalence	6,68%	Data screening Health district and health center lolodorf (DHIS2 2017)
By 2027, increase at least 80% coverage of high-impact prevention interventions for mother, newborn and child targets in at least 80% of Health District	Vaccine coverage against reference antigen (penta 3)	120%	DVDMT DS Lolodorf 2017
	Coverage rate in Antenatal Consultation	86.71%	Data DHIS DS lolodorf
	% of pregnant women who received at least 3 doses of IPT (Intermittent Preventive Treatment) during pregnancy (IPT3)	89,98%	PMTCT DATA/ Neonatal and infant maternal health /DHIS lolodorf 2017

	% of pregnant women infected with HIV and who are under ART	The rate of seropositivity in women pregnant rose from 4.67%. In 2017. 100% of these women are on ART	PMTCT DATA/ Neonatal and infant maternal health /DHIS lolodorf 2017
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Pillar 3 : Case management

General objective of the strategy	"Contribution to the development of a healthy, productive and sustainable human capital that is strong, inclusive and sustainable"		
The components main problem	Diagnosis and case management are not adequately assured (high incidence and prevalence of disease)		
Strategic objective	To reduce global mortality and lethality in health facilities and in the community		
Specific objectives	Tracer indicators	FIS's contributions 2016	Source of verification
By 2027, ensure comprehensive and standard-based management of maternal, newborn, child and adolescent health problems at Community level and in at least 80% of health facilities.	Rate of deliveries assisted by qualified personnel	100%	View register childbirth at the Maternity
	Percentage of newborns receiving postnatal care within 48 hours.	43% of newborns received postnatal care within 48h, as 57% of women spend less than 48h in hospital after delivery despite Information education and communication sessions done by health staff	DHIS2 Lolodorf
	Rate of mother-to child transmission of HIV.	No transmission mother to child was identified in 2017 0%	DHIS2 2017

Pillar 4 : Health System Strengthening

General objective of the strategy	“Contribution to the development of a healthy, productive and sustainable human capital that is strong, inclusive and sustainable”		
The components main problem	Poor development of the pillars of the health system		
Strategic objective	Increase the institutional capacities of health structures for sustainable and equitable access of populations to health care and services		
Tracer indicators	Number of health professionals (doctors, nurses and midwives / maieutic) per 1000 population		
	Global Health Care Availability and Services Index.		
Specific objectives	Tracer indicators	FIS's contributions 2016	Source of verification
By 2027, ensure the harmonious development of infrastructures, equipment and the availability of health care and service packages according to standards in at least 80% of health facilities in 3rd, 4th, 5th and 6th categories.	Proportion of Health District whose development is consolidated.	01 Health Area on the 9 Areas of the Lolodorf Health District	- Moto cycle + fuel - Delivery bed for the health facility of Bibia - Convivial room at the Lolodorf District Hospital
By 2027, ensure the development of health research and the availability of quality health information for evidence-based decision making at all levels of the health pyramid	Proportion of research results that have been restituted.	Study on Community System Analysis	Report of the study
	Proportion of research results that were the subject of decision-making.	Assessment of the consideration of the Rights Humans and Gender in the response to HIV, Malaria and Tuberculosis.	Report of the study

Pillar 5: Governance and Strategic Steering of the Health System

GENERAL OBJECTIVE OF THE STRATEGY	"Contribution to the development of a healthy, productive and sustainable human capital that is strong, inclusive and sustainable"		
STRATEGIC PILLAR	STEERING AND GOVERNANCE		
THE CENTRAL PROBLEM	Poor performance of the health system		
STRATEGIC OBJECTIVE	Improve the performance of the health system at all levels		
Specific objectives	Tracer indicators	FIS's contributions 2016	Source of verification
By 2027, improve governance in the sector through the strengthening of standardization, regulation and accountability	Perception index of corruption in the health sector	Community Observatory »on the Communities' response to the disease under the NMF (Malaria, TB / HIV)	The Internet link : http://app.fiscameroon.org/index.php/appels/information

TECHNICAL ASSISTANCE

Thanks to the technical support of the CBCHS, and the financial support of Viivhealthcare, the NGO FIS has for some years already benefited from certain training courses in order to improve the quality of these interventions. This was also the case for 2017, which has passed.

1) CSO training on monitoring / evaluation and advocacy held on 17-20 April 2017.

The purpose of this workshop was to strengthen the capacity of PACF beneficiaries to address programmatic gaps that could slow the implementation of projects in terms of monitoring and evaluation and advocacy. This made it possible to understand the different stages of monitoring, evaluation and advocacy and to provide CSOs with the necessary tools for a good monitoring and evaluation of community activities, and effective strategies for effective advocacy. This allowed the FIS to revise these monitoring and evaluation tools and advocacy strategies for a more optimal outcome to strengthen the community health system. Its impact has been the production of monitoring and evaluation plans for ongoing activities by each project manager at the internal level



2) Training of CBOs on organizational and technical capacity building.

In June 2017 FIS provided technical support to 13 community-based organizations with funding support from Amplify Change to provide significant support for improving RH service utilization in the Lolodorf Health District. This training provided these CBOs with specific basic information on RH services and tools on community mobilization strategies, to involve them in the implementation of activities to promote RH services in communities. At the end of this training, FIS contracted with 13 CBOs from the health district who agreed to invest in the implementation of community health activities. The direct impact was the establishment of a local platform for the promotion of RH services in the health district, supported by key community representatives and administrative authorities, through the signing of the community engagement charter. This has created a favorable environment around the use of RH services.



3) Capacity building of peer educators (ML) and health club leaders on PMTCT / RH, communication strategy and target research in community.

Held from 18 - 19 October 2017, FIS build the capacity of 24 Light Mom (ML) and leaders of health clubs on PMTCT / RH, communication strategies and target research, thanks to financial support from PACF. This training improved their knowledge of the fundamentals of PMTCT / SR and its importance for pregnant women, in order to optimize better targeting of targets in communities. It has also helped involve health clubs in promoting RH services in institutions to reduce the virtual contamination of HIV among adolescents aged 15-24.



DIFFICULTIES ENCOUNTERED

Fail to comply with the budget estimates for 2017 (only one new project mobilized, worth £ 41 113). Other funding is a continuation of those raised in 2016.

- We had to readjust our work schedules to come back a little earlier (5:00 pm) because the neighborhood is becoming more and more precarious.
- Difficult to find highly qualified staff, meeting the real needs of the organization
- Revise our procedures manual by integrating new requirements and aspects of administrative and financial management
- The mid-term non-evaluation of the 2017 FIS action plan
- The resource mobilization strategy has not been robust
- Weakness and non-capitalization of the partnership

PERSPECTIVES for 2018

In order to be always a little more efficient than last year, the FIS will have to work on its difficulties encountered in 2017 in order to improve. It will concretely be:

- Making the Board of Directors and all other governance bodies of the FIS effectively operational (GA, Thematic Groups)
- Establish a regular staff evaluation mechanism to ensure their full performance
- Update the FIS Procedures Manual
- Organize a mid-term evaluation of the 2018 Action Plan and draw lessons from it
- Update its partnership and resource mobilization strategy
- Find a location in a more secure neighborhood
- Strengthen the professionalism and "aggression" of staff towards all opportunities that can positively impact the achievement of the goals of the FIS.

OUR PARTNERS



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OUR TEAM



FOR IMPACTS IN SOCIAL HEALTH



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M. Bertrand KAMPOER
PFOUMINZHOUER



Responsable Administratif
et Financier
M. Anicet DIGUI



COMPTABLE
M. Jeannot ABESSOLO



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